




**CITY OF DUBLIN  
ADMINISTRATIVE ORDERS  
OF THE CITY MANAGER**

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| <b>ADMINISTRATIVE ORDER 2.55</b>   |
| <b>TO:</b> All City Employees  |
| <b>FROM:</b> Dana L. McDaniel, City Manager  |
| <b>SUBJECT:</b> Leave Donation Program   |
| <b>DATE:</b> November 1, 2016  |
| <b>Supersedes and Replaces Administrative Order 2.55 dated 4/14/99 regarding the same subject.</b>                             |

**I. PURPOSE**

The purpose of this Administrative Order is to establish administrative regulations governing the operation of a Leave Donation Program for all permanent City of Dublin employees. Questions regarding this Administrative Order should be directed to the Office of the City Manager or the Division of Human Resources.

**II. ENABLING LEGISLATION**

Ordinance No. 31-99 established a Leave Donation Program that allows employees as defined above to voluntarily donate sick leave, vacation leave, personal leave, or compensatory time to another such employee when the employee experiences a catastrophic illness/injury, or when such an employee's immediate household family member experiences such an illness or injury requiring the employee's personal care and attendance, and the employee has exhausted all of his/her sick leave, vacation leave, personal leave, compensatory time, or other applicable paid leave balance. Ordinance No. 31-99 further established that the operation of this Leave Donation Program shall be governed by administrative regulations promulgated by the City Manager. This Administrative Order covers all employees unless compelled otherwise by a negotiated collective bargaining agreement.

**III. DEFINITIONS**

**Catastrophic Illness/Injury** - a devastating illness or injury that is expected to incapacitate the employee or a member of the employee's immediate household family for an extended period of time, provided that taking extended time off from

work creates a financial hardship for the employee because he/she has exhausted all leave balances. Catastrophic illnesses or injuries would commonly include, but are not necessarily limited to, the following: cancer, AIDS, heart attack, heart surgery, stroke, or permanent paralysis.

**Donation** - the act of voluntarily, unconditionally, and irrevocably surrendering a portion of one=s sick leave, vacation leave, personal leave, and/or compensatory time to a qualified employee.

**Immediate Family Member** - Mother, father, spouse, son, daughter, stepson, stepdaughter, legal guardian, or someone who legally stands in place of a parent.

#### IV. **ADMINISTRATIVE REGULATIONS**

##### A. **Eligibility**

Eligibility to receive donated leave under this program shall also be limited to those City of Dublin employees who have a total of 120 hours or less in all forms of paid leave in the aggregate (i.e. sick leave, vacation leave, personal leave, compensatory time) at the time of their written request to receive donated leave, and who have not been disciplined for leave abuse the two (2) years prior to the date of their request to receive donated leave.

##### B. **Request for Leave**

When an employee has less than a total of 120 hours in all forms of paid leave (as specified above) in the aggregate, the employee or the employee's Division Head (with the employee's consent) may initiate a request for assistance. The request shall be forwarded to the affected employee's Department Head for review and consideration of the facts and circumstances specific to the employee=s need. Such review shall include, but not necessarily be limited to, an assessment of a written certification from the employee=s physician regarding the employee=s or family member=s medical condition, an analysis of the employee=s sick leave usage and overall work history with the City of Dublin, and consideration of input provided by the Department's supervisory/managerial staff. Following this review by the affected employee's Department Head, the Department Head may recommend approval for receipt of donated leave to the City Manager. The City Manager shall make the final decision regarding approval of the employee=s request. The final decision to approve or disapprove the request rests within the sole discretion of the City Manager.

##### B. **Donation Process, Procedures & Requirements**

Should the employee's request to receive donated leave be approved by the City

Manager, employees (herein called donors) who desire to contribute leave time shall complete a Leave Donation Form, a copy of which is attached. Such forms shall be made available by the Division of Human Resources/Procurement and by each Department/Division. The donor shall designate on the form the name of the employee who is to be the recipient of the donated leave and the amount of such donated leave.

Leave shall be donated in the following sequence and amounts for each approved recipient:

- 1) The first eight (8) hours of any donation shall be vacation leave. If the donor does not have vacation time available, this requirement may be waived or reduced by the Department Head.
- 2) The second eight (8) hours of any donation shall be personal leave, compensatory time, or vacation leave. If the donor does not have eight (8) hours of such leave available, this requirement may be waived or reduced by the Department Head.
- 3) After sixteen (16) hours of vacation leave, personal leave, or compensatory time have been donated, or waived as specified above, sick leave may then be donated. Sick leave donations shall be limited to forty (40) hours. After forty (40) hours of sick leave donation has been reached, the entire donation sequence may begin again starting with item #1 above.

**C. Minimum Donation Increments**

The minimum amount of leave time which can be donated shall be one (1) hour. Donors may contribute any amount of time at or above one (1) hour in whole amounts (no fractions of an hour can be transferred). However, the donor shall not be allowed to donate an amount of leave which would reduce the donor's leave balance or combination of balances below one hundred and twenty (120) hours of available leave time.

**E. Divisional Coordinator**

Should the employee's request to receive donated leave be approved by the City Manager, the employee's Division Head shall designate another employee of the same Division to serve as a Divisional Coordinator. The role of a Divisional Coordinator shall be to facilitate the flow of information and to maintain a direct line of communication with the recipient. Upon approval of all Leave Donation Forms by the donor's Department Head, all such forms shall be forwarded directly to the Divisional Coordinator. The Divisional Coordinator shall collect

all such forms, determine the proper number of hours necessary to satisfy the recipient's need, on a pay period-by-pay period basis, match the donated leave hours to the established need (again on a pay period-by-pay period basis), and forward the required number of Leave Donation forms with the recipient's time sheet directly to the Department of Finance.

Should the number of donated leave hours exceed the recipient's need for a given pay period, those excess donated leave hours will be held in reserve by the Divisional Coordinator and will be used to satisfy the recipient's continuing future need for such hours. Should the recipient's eligibility to receive donated leave cease, in accordance with Section IV. K. (Eligibility Ceases), and donated hours remain in the above referenced reserve, these hours will be returned to the donor within a reasonable period of time thereafter. (It is critical to note that once donated leave time is forwarded from the Divisional Coordinator to the Finance Department, and such donated leave time is actually physically transferred from the donor's leave balance to the recipient's sick leave balance, the donor has no right to recover any portion of such leave time.)

**F. Donation Credited**

Upon receipt of all approved Leave Donation Forms, the Department of Finance will credit all donated leave time to the recipient's sick leave balance.

**G. Conditions on Receipt of Leave**

Before an employee may receive the donated leave, he/she must have exhausted all of his/her sick leave, vacation leave, personal leave, compensatory time, or other applicable leave balances available to him/her (excluding the exception listed below).

**Exception:** One leave balance designated by the employee (other than sick leave) may contain no more than twenty-four (24) hours of leave time. Such leave time will be held in reserve to allow the employee the opportunity to take some time off following the end of the catastrophic situation, should such time off be needed to attend to family needs.

**H. Prohibition on Continued Accrual of Leave**

While using donated leave, the employee shall not accrue or receive any leave time in excess of the twenty-four (24) hours identified in item F above.

**I. Prohibition on Conversion to Cash**

All donated leave time, regardless of the type, shall be considered to be sick leave

and shall only be used under the conditions of sick leave as set forth in the Collective Bargaining Agreement or the City Personnel Code (whichever is applicable). No cash payments shall be provided to the employee or the surviving spouse of the employee under this program.

**J. Continuation of Medical, Dental, Vision, Life Insurance And Other Benefits**

Employees using donated leave shall be considered to be in paid status solely for the purpose of receiving all medical, dental, vision, and life insurance benefits, step increases, merit increases, longevity payments, and seniority credit to which they would have otherwise been entitled. However, original or promotional probationary employees using such leave shall have their probationary periods extended by the same length of time for which the employee has used the donated leave.

**K. Eligibility Ceases**

Eligibility to receive donated leave under this program shall cease upon certification from the employee's physician that he/she is capable of engaging in sustained regular employment, certification from the employee's family member's physician documenting the family member's recovery from the catastrophic illness/injury, an employee's application for disability retirement is approved by the appropriate retirement system (Police & Fire Disability and Pension Fund or Public Employee's Retirement System of Ohio), or death of the employee or employee's family member, whichever should first occur.



## CITY OF DUBLIN LEAVE DONATION FORM

CITY OF DUBLIN

I, \_\_\_\_\_, voluntarily agree to donate a portion of

(Donor=s Name)

my earned leave time as outlined below. I do this solely to assist a fellow employee of the City of Dublin and I have not been coerced, intimidated, or financially induced into donating this leave. I do so freely and without reservation. I further understand that the person to whom I am donating this leave time is under no obligation to repay this gift. Furthermore, I understand that all donated leave time will remain the property of the receiving employee and that I will not acquire back any time which is unused because the need of the recipient has concluded.

I have reviewed my leave balances and understand that this donation will leave me with no less than one hundred and twenty (120) hours of time in one or in a combination of one or more of my leave balances.

### Information on the employee to receive this donation:

Print Recipient=s Last Name

Print Recipient=s First Name

Print Recipient=s Department

### My leave time should be donated from the following balances:

| Number of Hours Donated | Type of Leave Donated                      | Conditions for the Donation of Time  |
|-------------------------|--|--|
|                         | VACATION                                   | Vacation may be used for all time donated, but <b><i>must</i></b> be used for first eight (8) hours.<br>_____ Vacation donation waived or reduced.<br><i>Dept. Head Initials</i>   |
|                         | VACATION                                   | Vacation Leave, Personal Leave or Compensatory Time may be used for all time after the first eight (8) hours of vacation time has been donated.<br>_____ Vacation/Personal Leave/Comp Time donation waived or reduced.<br><i>Dept. Head Initials</i> |
|                         | PERSONAL                                   |  |
|                         | COMP. TIME                                 |  |
|                         | SICK LEAVE                                 | Sick leave may be used after sixteen (16) hours of other time has been donated.<br>(Limited to forty (40) hours of sick leave then another Leave Donation Form must be completed.)   |
|                         | TOTAL NUMBER OF HOURS DONATED ON THIS FORM |  |

Print Name of Donating Employee

Signature of Donating Employee

Date

Department Head's Approval

Date